

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	LM	37	7/13
FORMALITY REVIEW	LM	553	08-23--
RESPONSE FORMALITY REVIEW	LM	FSI	10-16-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 D ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1	5/15	1	7/1	101	
2	5/18	2	7/1	102	
3	5/19	3	7/1	103	
4	5/20	4	7/1	104	
5	5/21	5	7/1	105	
6	5/22	6	7/1	106	
7	5/23	7	7/1	107	
8	5/24	8	7/1	108	
9	5/25	9	7/1	109	
10	5/26	10	7/1	110	
11	5/27	11	7/1	111	
12	5/28	12	7/1	112	
13	5/29	13	7/1	113	
14	5/30	14	7/1	114	
15	5/31	15	7/1	115	
16	6/1	16	7/1	116	
17	6/2	17	7/1	117	
18	6/3	18	7/1	118	
19	6/4	19	7/1	119	
20	6/5	20	7/1	120	
21	6/6	21	7/1	121	
22	6/7	22	7/1	122	
23	6/8	23	7/1	123	
24	6/9	24	7/1	124	
25	6/10	25	7/1	125	
26	6/11	26	7/1	126	
27	6/12	27	7/1	127	
28	6/13	28	7/1	128	
29	6/14	29	7/1	129	
30	6/15	30	7/1	130	
31	6/16	31	7/1	131	
32	6/17	32	7/1	132	
33	6/18	33	7/1	133	
34	6/19	34	7/1	134	
35	6/20	35	7/1	135	
36	6/21	36	7/1	136	
37	6/22	37	7/1	137	
38	6/23	38	7/1	138	
39	6/24	39	7/1	139	
40	6/25	40	7/1	140	
41	6/26	41	7/1	141	
42	6/27	42	7/1	142	
43	6/28	43	7/1	143	
44	6/29	44	7/1	144	
45	6/30	45	7/1	145	
46	7/1	46	7/1	146	
47	7/2	47	7/1	147	
48	7/3	48	7/1	148	
49	7/4	49	7/1	149	
50	7/5	50	7/1	150	
51	7/6				
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99	8/23				
100	8/24				

If more than 150 claims or 10 actions  
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11-02-01  
2-25

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